



TELEPHONE PRIVACY COMPLAINT FORM

Office of the Indiana Attorney General

Mail your completed form to:

Attn: Telephone Privacy
Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204-2770

- To assist our investigation, please complete both sides of this form as thoroughly as possible.
- Please use one complaint form for each telephone call.
- The asterisk (*) indicates information we **MUST** have to investigate your complaint.

YOUR INFORMATION (Check box when applicable)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. *Name		Email Address	
*Mailing Address	*City	*State	*Zip
Age <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+			
Daytime Phone ()		Evening Phone ()	
Do you consent to the Consumer Protection Division disclosing to the public the following: 1. The nature and status of your complaint and name of the firm <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Your name <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Your telephone number <input type="checkbox"/> Yes <input type="checkbox"/> No			

TELEPHONE SOLICITOR INFORMATION (Check box when applicable)

*Name of Firm	Phone Number		
*Date of Call	*Time of Call	<input type="checkbox"/> am	<input type="checkbox"/> pm
*Product or Serviced Offered	Name of Caller		
	Mailing Address		
	City	State	Zip

ABOUT THE CALL (Check box when applicable)

*Telephone number the solicitor called: () _____	
• Type of number: <input type="checkbox"/> Residential <input type="checkbox"/> Wireless <input type="checkbox"/> Business	
Was the call a pre-recorded message? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: a. Did the message provide the identity of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Name _____ b. Did the message provide a telephone number? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Number () _____ c. Were you later transferred to a live operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the telephone call recorded on your voicemail service or answering machine? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did you save a recording of the message? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ABOUT THE CALL continued (Check box when applicable)

Did a telephone number and/or name appear on your Caller ID display? ☐ Yes ☐ No ☐ N/A

- If Yes, Caller ID Number () _____

Caller ID Name _____

Do you consent to our obtaining your telephone records from your telephone company? ☐ Yes ☐ No

- Who is your telephone service provider? _____

Was this call a fax? ☐ Yes ☐ No

Was this call a text message? ☐ Yes ☐ No

Did you request to be contacted? ☐ Yes ☐ No

Was the call related to an existing debt or contract? ☐ Yes ☐ No

Are you willing to testify in court regarding this complaint? ☐ Yes ☐ No

ADDITIONAL COMMENTS

We would appreciate any additional details you may have regarding the above-referenced complaint. Please provide those comments in the space provided below.

CONSENT AND CERTIFICATION

I certify that the information in this complaint is true and accurate to the best of my knowledge. I consent to the release of any information to the Consumer Protection Division relating to this complaint. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Your Signature

Date

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